

<i>SERFF Tracking Number:</i>	<i>BNLC-125613682</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Penn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38936</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.121 Graded Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: Whole Life Application

SERFF Tr Num: BNLC-125613682 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 38936

Sub-TOI: L07I.121 Graded Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Karen Schussler

Disposition Date: 05/14/2008

Date Submitted: 05/09/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Pending

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/14/2008

State Status Changed: 05/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find whole life insurance application form #12-82-040. This form is new and will replace form #11-82-192, which was approved by your Department on May 28, 2002.. The only change to the previously approved form is the deletion of the line for the applicant's social security number, and updated fraud statements; the remainder of the form remains unchanged.

This application will be used with individual whole life policy form series 12-82-010(REV), which was approved by your Department on 9/21/05.

SERFF Tracking Number:	BNLC-125613682	State:	Arkansas
Filing Company:	Colonial Penn Life Insurance Company	State Tracking Number:	38936
Company Tracking Number:			
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.121 Graded Premium - Single Life
Product Name:	Whole Life Application		
Project Name/Number:	/		

Areas bracketed or presented in "John Doe" fashion are intended to be variable. Such variability includes name, address, phone number, age, date of birth, sex, issue date, effective date, premium, premium mode, policy type, and benefit amounts and values. We also request variability for any fraud statement changes required by law.

The enclosed form is in final printed format, subject only to minor changes in ink, color, paper stock, company logo and logo type, border design, margin and positioning.

Following approval, the new form will be used in place of the old application as soon as administratively possible.

I trust this filing is in order, but should additional information be needed please contact me.

Thank you for your courtesy.

Company and Contact

Filing Contact Information

Karen Schussler, Associate Analyst
399 Market Street
Philadelphia, PA 19181

kschussler@colpenn.com
(215) 928-6420 [Phone]
(215) 928-6431[FAX]

Filing Company Information

Colonial Penn Life Insurance Company
399 Market Street
Philadelphia, PA 19181
(215) 928-8688 ext. [Phone]

CoCode: 62065
Group Code: 233
Group Name:
FEIN Number: 23-1628836

State of Domicile: Pennsylvania
Company Type: Life/Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Application - \$50.00
Per Company:	No

SERFF Tracking Number: *BNLC-125613682* *State:* *Arkansas*
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Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.121 Graded Premium - Single Life*
Product Name: *Whole Life Application*
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$50.00	05/09/2008	20191298

SERFF Tracking Number:	BNLC-125613682	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/14/2008	05/14/2008

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<i>Product Name:</i>	<i>Whole Life Application</i>		
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Disposition

Disposition Date: 05/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BNLC-125613682	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	application		Yes

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Form Schedule

Lead Form Number: 12-82-040

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	12-82-040	Policy/Cont application ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	12-82-040.pdf

APPLICATION FOR LIFE INSURANCE

Member #

HOME OFFICE

Colonial Penn Life Insurance Company
399 Market St. / Philadelphia, PA 19181

1. Applicant Name JOHN M. Doc
First M.I. Last
Address 123 Main Street
City ANY TOWN State US Zip 12345 Telephone (123) 456-7890
City State Zip Apt #

2. Sex ☒ Male ☐ Female Date of Birth 03 30 1957
Month Day Year

3. Beneficiary JANE Doc
First M.I. Last
Address SAME Relationship SPOUSE

4. Plan of Insurance MODIFIED BENEFIT WHOLE LIFE

5. Amount of Insurance ☐ one ☒ two ☐ three ☐ four ☐ five
☐ six ☐ seven ☐ eight units of life insurance

6. Is the policy applied for intended to, or likely to, replace or change any existing life insurance or annuities in this or any other company? ☐ Yes ☒ No

I understand that my life insurance benefits are limited during the first two policy years. I understand that no insurance is in effect as a result of this application until a policy has been issued and the premium has been paid. I further understand that coverage begins on the Issue Date to be assigned by the Company and shown on the Policy Data Page.

I understand that no agent has the authority to waive answers to any questions on this application, to waive any of the Company's rights or requirements nor to alter any policy.

I have read, or had read to me, the above questions and certify my answers are complete and true.

Please see reverse side for important information regarding fraud.

I have paid a total of \$ with this application to pay premiums for months for a face amount of \$.

I wish to pay ☒ monthly ☐ quarterly ☐ semi-annually ☐ annually

Applicant's Signature

Dated and Signed at

City and State

on

Month

Day

Year

I/we certify that I/we asked all the questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for, ☐ is or is likely, ☐ is not or is not likely to replace or change any existing policies or contracts.

Signature of

Licensed Resident Agent

Signature of

Licensed Resident Agent

Agent No.

Office

Agent No.

Office

12-82-040

3DCZZZZZZZ

ROPX

SEND POLICY TO:

☐ BRANCH SERVICE OFFICE☐ POLICYOWNER

12-82-040(0408)

LL29191-0408



FRAUD NOTICE

General Notice

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Residents

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance company proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC Residents

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey Residents

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents

Notice: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee/Washington/Maine/Virginia Residents

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 04/17/2008
Comments:
Attachment:
AR Flesch.pdf

Review Status:
Satisfied -Name: Application 04/17/2008
Comments:
Attachment:
12-82-040.pdf

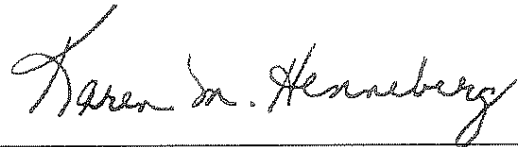
Review Status:
Bypassed -Name: Life & Annuity - Acturial Memo 04/17/2008
Bypass Reason: N/A - Application filing only.
Comments:

COLONIAL PENN LIFE INSURANCE COMPANY

399 Market Street - Philadelphia, Pennsylvania 19181

ARKANSAS
READABILITY CERTIFICATION

This is to certify that the attached Whole Life Application
Form No. 12-82-040, has achieved a Flesch Reading Ease Score of
53.7 and complies with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258,
cited as the Life and Disability Insurance Policy Language Simplification Act.



Signature of Officer

Karen M. Henneberg

Name of Officer

Assistant Secretary

Title of Officer

May 9, 2008

Date

APPLICATION FOR LIFE INSURANCE

Member #

HOME OFFICE

Colonial Penn Life Insurance Company
399 Market St. / Philadelphia, PA 19181

1. Applicant Name JOHN M. Doc
First M.I. Last
Address 123 Main Street
City ANY TOWN State US Zip 12345 Telephone (123) 456-7890
City State Zip Apt #

2. Sex ☒ Male ☐ Female Date of Birth 03 30 1957
Month Day Year

3. Beneficiary JANE Doc
First M.I. Last
Address SAME Relationship SPOUSE

4. Plan of Insurance MODIFIED BENEFIT WHOLE LIFE

5. Amount of Insurance ☐ one ☒ two ☐ three ☐ four ☐ five
☐ six ☐ seven ☐ eight units of life insurance

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I have paid a total of \$ with this application to pay premiums for months for a face amount of \$.

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Dated and Signed at

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I/we certify that I/we asked all the questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for, ☐ is or is likely, ☐ is not or is not likely to replace or change any existing policies or contracts.

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Licensed Resident Agent

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Licensed Resident Agent

Agent No.

Office

Agent No.

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